BALI 2017 REGISTRATION FORM 2nd Part

With Ernesto Ortiz

Please use an additional page if you need to provide more information

Date:_____

Name:_____

Address:_____

State / Country:_____

Home phone number:_____

Mobile phone number:_____

Email:_____

Occupation:_____

If you desire to share your room with a person you already know please provide:
*Name of the person:

* Type of room you are requesting; circle one.
Twin room, double occupancy (2 single beds) or single room, single occupancy (1 single bed)

Please provide us with any information about your health that we must be aware of:

Please let us know if: You have ever attempted suicide, if you are under psychiatric care or have been hospitalized for mental disorders, if you suffer from schizophrenia or epileptic seizures?

Please provide the following information:
* Contact person in your hometown:_____
* Relationship:_____
* Emergency telephone number: _____

IMPORTANT: Please provide a photocopy of your passport when you submit your registration

Please acknowledge that Journey to the Heart and Ernesto Ortiz do not provide insurance for this tour. You are responsible for taking travel and health insurance of your own.
_____ (Initial here)

I understand that Journey to the Heart workshops are processes designed to assist me in "self-exploration" and "self-healing". I further understand that these workshops are direct experiences and, though educational in nature, are not tretment or therapy. They are not intended to be used to replace any treatment or therapy which may be appropiate for any person.
In consideration of participation in Journey to the Heart workshops, I herby release and forever hold harmless and indemnify Ernesto Ortiz, Journey to the Heart, other facilitators, assistants, agents, successors and assigns which I may now have or have at any time in the future.

Signature:_____

NOTE: All registrations and payments must be made via the Internet. **NO** regular mail registrations